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BIBDATASHEET**CONFIRMATION NO. 5810**

Bib Data Sheet

SERIAL NUMBER 09/653,735	FILING DATE 09/01/2000 RULE	CLASS 705	GROUP ART UNIT 3621	ATTORNEY DOCKET NO. 65678-0032
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APPLICANTS

Andrew F. Suhy JR., Perrysburg, OH;

**** CONTINUING DATA *******

This application is a CIP of 09/441,289 11/16/1999
 and claims benefit of 60/166,042 11/17/1999
 and is a CIP of 09/503,671 02/14/2000
 and is a CIP of 09/504,000 02/14/2000
 and is a CIP of 09/504,343 02/14/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 10/16/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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 48304-0610

TITLE

Apparatus and method for tracking and managing physical assets

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/>
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CONFIRMATION NO. 5810

SERIAL NUMBER 09/653,735	FILING DATE 09/01/2000 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 65678-0032	
APPLICANTS Andrew F. Suhy JR., Perrysburg, OH; <i>AS</i>					
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/441,289 11/16/1999 AND CLAIMS BENEFIT OF 60/166,042 11/17/1999 AND A CIP OF 09/503,671 02/14/2000 AND A CIP OF 09/504,000 02/14/2000 AND A CIP OF 09/504,343 02/14/2000 <i>AS</i>					
** FOREIGN APPLICATIONS ***** <i>AS</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/16/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>AS</i> Initials		STATE OR COUNTRY OH	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
ADDRESS 010291					
TITLE Apparatus and method for tracking and managing physical assets					
FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		